**MASTERS REGISTRATION FORM**

Name:

NRIC / Passport:

Date of Birth:

Sex: Male / Female

Address:

Tel No. Email:

Member of an Affiliate Club (*please specify name of Affiliate*): Yes / No:

Past Competition Experience : (please provide as much details as possible)

###### Declaration

I declare that all information given is true and I agree to abide by all the prevailing rules, regulations and policies of the Singapore Weightlifting Federation and the relevant governing sport body (bodies) of Singapore.

I am aware of all the risks involved and shall not hold the SWF responsible for any injury or loss arising from my participation in any competitions.

Signature/Name/Date